

## Schools and Libraries Universal Service Description of Services Ordered and Certification Form 471

**Estimated Average Burden Hours per Response: 4 hours**

This form is designed to help schools and libraries to list the eligible services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at [www.usac.org/sl](http://www.usac.org/sl).)

The instructions include information on the deadlines for filing this application.

Applicant's Form Identifier (Create an identifier for your own reference)  14-15 Web Hosting	Form 471 Application #:  937114 (To be assigned by administrator)
<b>Block 1: Billed Entity Address and Identifications</b>	
1 Name of Billed Entity SEATTLE SCHOOL DISTRICT 1  2 Funding Year 2014  3a Entity Number 145192  3b FCC Registration Number 0001576206  4a Street Address, P.O. Box, or Route Number 2445 3RD. AVENUE SOUTH, MS 21-350  City SEATTLE State WA Zip Code 98124-  4b Telephone Number (206) 235-5433  4c Fax Number (206) 252-0301  5a Type of Application (check only one) <input type="radio"/> Individual School (individual public or non-public school) <input checked="" type="radio"/> School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools) <input type="radio"/> Library (including library system, library outlet/branch or library consortium as defined under LSTA) <input type="radio"/> Consortium (intermediate service agencies, states, state networks, special consortia of schools and/or libraries) <input type="radio"/> Statewide application for (enter 2-letter state code) representing (check all that apply) <input type="checkbox"/> All public schools/districts in the state <input type="checkbox"/> All non-public schools in the state <input type="checkbox"/> All libraries in the state  5b Recipient(s) of Services: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Tribal <input type="checkbox"/> Head Start <input type="checkbox"/> State Agency	
<b>Entity Number: 145192</b>	<b>Applicant's Form Identifier: 14-15 Web Hosting</b>
<b>Contact Person: John Mitchell</b>	<b>Contact Phone Number: (206) 252-0426</b>
<b>Block 1: Billed Entity Address and Identifications (continued)</b>	
6a Contact Person's Name John Mitchell  If the Contact Person's Street Address is the same as Item 4 above, check here. <input type="checkbox"/> If not, complete Item 6b.  6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form. 2445 3RD. AVENUE SOUTH, MS 21-350  City SEATTLE State WA Zip Code 98124-  Check the box next to your preferred mode of contact and provide your contact information. One box <b>MUST</b> be checked and an entry provided.  <input type="checkbox"/> 6c Telephone Number (206) 252 - 0426 <input type="checkbox"/> 6d Fax Number (206) 252 - 0301 <input checked="" type="checkbox"/> 6e E-Mail Address <a href="mailto:erateadmin@seattleschools.org">erateadmin@seattleschools.org</a> Re-enter E-mail Address <a href="mailto:erateadmin@seattleschools.org">erateadmin@seattleschools.org</a>  6f Holiday/vacation/summer contact information: please include name of alternate contact (if applicable) and alternate phone, fax or E-mail address  If a consultant is assisting you with your application process, please complete Item 6g below:  6g Consultant Name John G. Mitchell Consulting Name of Consultant's Employer John G. Mitchell Consulting Consultant's Street Address 2801 Western Ave  City Seattle State WA Zip Code 98121 Consultant's Telephone Number (206) 252-0426 Ext. Consultant's Fax Number Consultant's E-mail Address <a href="mailto:jgmconsultingjm@gmail.com">jgmconsultingjm@gmail.com</a> Re-enter E-mail Address <a href="mailto:jgmconsultingjm@gmail.com">jgmconsultingjm@gmail.com</a> Consultant Registration Number 16063049	





<b>Entity Number: 145192</b>	<b>Applicant's Form Identifier: 14-15 Web Hosting</b>
<b>Contact Person: John Mitchell</b>	<b>Contact Phone Number: (206) 252-0426</b>
<b>Block 4: Discount Calculation Worksheet</b>	
<b>Worksheet - 1619928</b>	
<b>Page 1 of 1</b>	

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

☐ Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s):

(For Administrator's Use)

School District or Library System Name:

School District or Library System Entity Number:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Name of Eligible Entity	Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	Urban or Rural U or R	Total Number of Students	Number of Students Eligible for NSLP	Percent of Students Eligible for NSLP (Col. 5 / Col. 4)	Disc. from Disc. Matrix	New Construction	Admin. Entity or NIF	Alt. Disc. Mech.	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	Insert appropriate codes(s): P= pre-K, H= Head Start, A= Adult Education, J= Juvenile Justice, E= ESA, D= Dormitory	Entity Number of School District in which Library Outlet/Branch is Located	Discount of Member Entity	Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES							Schools with shared services	Schools	Library Outlet/Branch	Consortia	
DAY ELEMENTARY SCHOOL	115054 53 07710 1157	U	323	126	39.009%	60	N	N	N	19380				
THE CENTER SCHOOL	16042801 53 07710 02842	U	282	48	17.021%	40	N	N	N	11280				
NATHAN HALE HIGH SCHOOL	115192 53 07710 01222	U	1140	348	30.526%	50	N	N	N	57000				
ADAMS ELEMENTARY SCHOOL	115073 53 07710 01127	U	514	109	21.206%	50	N	N	N	25700				
ALKI ELEMENTARY SCHOOL	115127 53 07710 01129	U	389	89	22.879%	50	N	N	N	19450				
ALKI KUROSE SCHOOL	223111 53 07710 01249	U	745	623	83.624%	90	N	N	N	67050				
ARBOR HEIGHTS ELEM SCHOOL	115230 53 07710 01135	U	367	138	37.602%	60	N	N	N	22020				
BAGLEY ELEMENTARY SCHOOL	115046 53 07710 01137	U	399	62	15.539%	40	N	N	N	15980				
BALLARD HIGH SCHOOL	115141 53 07710 01138	U	1803	286	17.842%	40	N	N	N	64120				
BEACON HILL ELEMENTARY SCHOOL	115223 53 07710 01140	U	469	281	59.915%	80	N	N	N	37520				
BLAINE ELEMENTARY SCHOOL	115317 53 07710 02017	U	641	58	9.048%	40	N	N	N	25640				
BROADVIEW-THOMPSON ELEM SCHOOL	115212 53 07710 00061	U	710	433	60.986%	80	N	N	N	56800				
BRYANT ELEMENTARY SCHOOL	115123 53 07710 01146	U	597	46	7.705%	40	N	N	N	23880				
CLEVELAND HIGH SCHOOL	115078 53 07710 01150	U	845	593	70.178%	80	N	N	N	67600				
COE ELEMENTARY SCHOOL	115159 53 07710 01151	U	505	90	17.822%	40	N	N	N	20200				
CONCORD ELEMENTARY SCHOOL	115081 53 07710 01154	U	441	352	79.819%	90	N	N	N	39690				
DEARBORN PARK ELEM SCHOOL	115079 53 07710 1158	U	352	299	84.943%	90	N	N	N	31680				
DENNY MIDDLE SCHOOL	115197 53 07710 01913	U	935	611	65.348%	80	N	N	N	74800				
DUNLAP ELEMENTARY SCHOOL	115155 53 07710 1161	U	460	387	84.130%	90	N	N	N	41400				
ECKSTEIN MIDDLE SCHOOL	115113 53 07710 01162	U	1225	308	25.143%	50	N	N	N	61250				
EDUCATION SERVICE CENTERS	223117 53 07710 02634	U	17	10	58.824%	80	N	N	N	1360				
EMERSON ELEMENTARY SCHOOL	115158 53 07710 1163	U	312	244	78.205%	90	N	N	N	28080				
FRANKLIN HIGH SCHOOL	115225 53 07710 1168	U	1366	925	67.716%	80	N	N	N	109280				
GARFIELD HIGH SCHOOL	115178 53 07710 01171	U	1640	623	37.988%	60	N	N	N	98400				
GATEWOOD ELEMENTARY SCHOOL	115218 53 07710 01172	U	493	167	33.874%	50	N	N	N	24650				
GATZERT ELEMENTARY SCHOOL	115177 53 07710 01173	U	408	378	92.647%	90	N	N	N	36720				
GRAHAM HILL ELEMENTARY SCHOOL	115143 53 07710 01175	U	396	257	64.899%	80	N	N	N	31680				
GREEN LAKE ELEMENTARY SCHOOL	115048 53 07710 01176	U	265	46	17.358%	40	N	N	N	10600				
GREENWOOD ELEMENTARY SCHOOL	115138 53 07710 01177	U	395	85	21.519%	50	N	N	N	19750				
HAMILTON MIDDLE SCHOOL	115055 53 07710 1180	U	1109	109	9.829%	40	N	N	N	44360				
HAWTHORNE ELEMENTARY SCHOOL	115144 53 07710 02269	U	355	259	72.958%	80	N	N	N	28400				
HAY ELEMENTARY	115085	U	552	93	16.848%	40	N	N	N	22080				



5/12

	53 07710 1255													
VIEW RIDGE ELEMENTARY SCHOOL	115119 53 07710 01256	U	602	42	6.977%	40	N	N	N	24080				
VIEWLANDS ELEMENTARY SCHOOL	115281 53 07710 03356	U	336	182	54.167%	80	N	N	N	26880				
WASHINGTON MIDDLE SCHOOL	115220 53 07710 01259	U	1154	544	47.140%	60	N	N	N	69240				
WEDGWOOD ELEMENTARY SCHOOL	115109 53 07710 01261	U	483	51	10.559%	40	N	N	N	19320				
WEST SEATTLE HIGH SCHOOL	115130 53 07710 1262	U	979	389	39.734%	60	N	N	N	58740				
WEST WOODLAND ELEM SCHOOL	115069 53 07710 01263	U	519	42	8.092%	40	N	N	N	20760				
WHITMAN MIDDLE SCHOOL	115136 53 07710 01264	U	950	276	29.053%	50	N	N	N	47500				
WHITTIER ELEMENTARY SCHOOL	115142 53 07710 01265	U	473	51	10.782%	40	N	N	N	18920				
WING LUKE ELEMENTARY SCHOOL	115153 53 07710 01267	U	348	293	84.195%	90	N	N	N	31320				
COLUMBIA ORCA ELEMENTARY	115147 53 07710 02231	U	484	128	26.446%	50	N	N	N	24200				
CHIEF SEALTH HIGH SCHOOL	115188 53 07710 01149	U	1251	648	51.799%	80	N	N	N	100080				
COHO ELEMENTARY SCHOOL	115213 53 07710 02716	U	677	62	9.158%	40	N	N	N	27080				
SUMMIT K-12 PROGRAM	115189 53 07710 01194	U	768	233	30.339%	50	N	N	N	38400				
BRIGHTON ELEMENTARY SCHOOL	115152 53 07710 01143	U	396	348	87.879%	90	N	N	N	35640				
ALTERNATIVE SCHOOL 1	115188 53 07710 1132	U	164	90	54.878%	80	N	N	N	13120				
HIGH POINT ELEMENTARY SCHOOL	115201 53 07710 01182	U	487	421	86.448%	90	N	N	N	43830				
MIDDLE COLLEGE HIGH SCHOOL	115166 53 07710 2349	U	204	107	52.451%	80	N	N	N	16320				
DECATUR ALTERNATIVE SCHOOL 2	115114 53 07710 01253	U	388	24	6.186%	40	N	N	N	15520				
APP AT LINCOLN	16076477	U	598	7	1.171%	40	N	N	N	23920				
CASCADE	16076478	U	182	40	21.978%	50	N	N	N	9100				
K-5 STEM @ BOREN	16076479	U	348	97	27.874%	50	N	N	N	17400				
FAIRMOUNT PARK ELEM SCHOOL	115194	U	392	41	10.459%	40	N	N	N	15680				
MOGILVRA ELEMENTARY SCHOOL	115096	U	293	36	12.287%	40	N	N	N	11720				
BILINGUAL ORIENTATION CENTER	115150	U	253	244	96.443%	90	N	N	N	22770				

## 9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 11. Divide the total of Column 11 by the total of Column 4. Enter the result in Column 15.	52341									3155590				60%
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 15.														
CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15.														

Entity Number: 145192		Applicant's Form Identifier: 14-15 Web Hosting					
Contact Person: John Mitchell		Contact Phone Number: (206) 252-0426					
<b>Block 5: Discount Funding Request(s)</b> Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.		Block 5, page 1 of 1  FRN 2574479 (to be assigned by administrator)					
10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:							
<b>11 Category of Service ( only ONE category should be checked)</b> <table border="1"> <tr> <td><b>PRIORITY 1</b> <input type="checkbox"/> Telecommunications Service</td> <td><b>PRIORITY 2</b> <input type="checkbox"/> Internal Connections Other than Basic Maintenance</td> </tr> <tr> <td><input checked="" type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Basic Maintenance of Internal Connections</td> </tr> </table>		<b>PRIORITY 1</b> <input type="checkbox"/> Telecommunications Service	<b>PRIORITY 2</b> <input type="checkbox"/> Internal Connections Other than Basic Maintenance	<input checked="" type="checkbox"/> Internet Access	<input type="checkbox"/> Basic Maintenance of Internal Connections	<b>23 Calculations</b>	
<b>PRIORITY 1</b> <input type="checkbox"/> Telecommunications Service	<b>PRIORITY 2</b> <input type="checkbox"/> Internal Connections Other than Basic Maintenance						
<input checked="" type="checkbox"/> Internet Access	<input type="checkbox"/> Basic Maintenance of Internal Connections						
<b>12 Form 470 Application Number</b> 190290000811836		Recurring Charges					
<b>13 SPIN – Service Provider Identification Number</b> 143028153							
<b>14 Service Provider Name</b>  Edline, LLC							
<b>15a</b> <input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.							
<b>15b Contract Number</b> P9790							
<b>15c</b> <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		Non-Recurring Charges					
<b>15d</b> <input checked="" type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: 2507048							
<b>16a Billing Account Number (e.g., billed telephone number)</b>  							
<b>16b</b> <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.							
<b>17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)</b> 02/10/2010							
<b>18 Contract Award Date (mm/dd/yyyy)</b> 06/01/2010		Total Charges					
<b>19 Service Start Date (mm/dd/yyyy)</b> 07/01/2014							
<b>20a Service End Date (mm/dd/yyyy)</b>  							
<b>Contract Expiration Date</b> <b>20b (mm/dd/yyyy)</b> 06/30/2015							
<b>21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment</b> You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.							
<b>22 Entity/Entities Receiving This Service:</b>		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:					
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1): 1619928					



Entity Number: 145192	Applicant's Form Identifier: 14-15 Web Hosting
Contact Person: John Mitchell	Contact Phone Number: (206) 252-0426

**Block 5 (Continued):****24 Description of Broadband and other Connectivity Services Ordered for Schools and Libraries from this funding request**

Complete the information below for this funding request only if requesting **Telecommunications Services** or **Internet Access** for the purpose of providing broadband and other types of connectivity to school and/or library facilities.

- ☒ Check this box if this request is for services or equipment that do not provide broadband or connectivity. For instance, check the box if this funding request is for internal connections, basic maintenance, or requests for services like e-mail or phone service.

- a** Which technology(ies) and speed(s) are being provided in this Funding Request? Please list the number of lines and average download speed for the lines included in this funding request. If there are multiple download speeds for the lines within one type of broadband connection, this form provides two additional lines per broadband connection category. If you need additional space, please make copies of this page and number the completed pages to assure that they are all processed correctly. A response to this item is not a substitute for a complete response to Item 21 but should be consistent with the description of services in the response to Item 21. Please ask your service provider if you need assistance.

Type of Connection	Number of lines Included in this FRN	Download speed per line in Mbps
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- b** If the Internet service is available to students or patrons in more than just a single location or office, please indicate:

1. If the access is provided by wired connections, approximately what percentage of the school classroom or public library rooms included in the Block 4 worksheet for this FRN will have access to wired drops? \_\_\_\_%
2. If the access is provided by Wi-Fi connections, approximately what percentage of the school classroom or public library rooms included in the Block 4 worksheet for this FRN will have access to a Wi-Fi signal? \_\_\_\_%

- c** For consortia and statewide applications, do the connections in this FRN include the last mile connection to the school or library? ☐ Yes ☐ No  
If no above, are these connections only for backbone connections? ☐ Yes ☐ No



<b>Entity Number: 145192</b>	<b>Applicant's Form Identifier: 14-15 Web Hosting</b>
<b>Contact Person: John Mitchell</b>	<b>Contact Phone Number: (206) 252-0426</b>

  

**Block 6: Certifications and Signature**

**25** ☒ I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

**a** ☒ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38)**, that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or  
**b** ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.

**26** ☒ I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

<b>a</b> Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23I on all Block 5 Discount Funding Requests.)	57375
<b>b</b> Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	34425
<b>c</b> Total applicant non-discount share (Subtract Item 26b from Item 26a.)	22950
<b>d</b> Total budgeted amount allocated to resources not eligible for E-rate support	0
<b>e</b> Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 26c and 26d.)	22950

**f** ☐ Check this box if you are receiving any of the funds in Item 26e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 26e.

**27** ☒ I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service.

Or ☐ I certify that no technology plan is required by Commission rules.

**28** ☒ I certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.

**29** ☒ I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.

**30** ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.

**31** ☒ I certify that I and the entity(ies) I represent have complied with all program rules, including recordkeeping requirements, and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

Entity Number: 145192		Applicant's Form Identifier: 14-15 Web Hosting	
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**Block 6: Certification and Signature (Continued)**

32 ☒ I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

33 ☒ I certify that I will retain required documents for a period of at least five years (or whatever retention period is required by the rules in effect at the time of this certification) after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.

34 ☒ I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.

35 ☒ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.

36 ☒ I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1), (2).

37 ☒ I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years as required by the Commission's rules at 47 C.F.R. § 54.506(c).

38 ☒ I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

39 Signature of authorized person <input checked="" type="checkbox"/>	40 Date 03/25/2014
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41 Printed name of authorized person Barbara J. Robbins

42 Title or position of authorized person Interim Exec Dir of Tech Svcs

☐ Check here if the consultant in Item 6g is the Authorized Person.

43a Street Address, P.O. Box, or Route Number 2445 3rd Ave S MS 21-350

City Seattle

State WA Zip Code 98124-



<b>Entity Number: 145192</b>		<b>Applicant's Form Identifier: 14-15 Web Hosting</b>	
<b>Contact Person: John Mitchell</b>		<b>Contact Phone Number: (206) 252-0426</b>	
<b>43b</b>	Telephone Number of authorized Person	Ext.	
	(206) 252-0303		
<b>43c</b>	Fax Number of Authorized Person		
	(206) 030-0301		
<b>43d</b>	E-mail Address of authorized Person		
	bjrobbins@seattleschools.org		
	Re-enter E-mail Address bjrobbins@seattleschools.org		
<b>43e</b>	Name of Authorized Person's Employer		
	Seattle Public Schools		
<p><b>NOTICE:</b> Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R. § 54.504(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.</p> <p>An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.</p> <p>The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.</p> <p>If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.</p> <p>If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.</p> <p>The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.</p> <p>Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.</p> <p><b>Please submit this form to:</b>  SLD-Form 471  P.O. Box 7026  Lawrence, Kansas 66044-7026</p> <p><b>For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:</b>  SLD Forms  ATTN: SLD Form 471  3833 Greenway Drive  Lawrence, Kansas 66046  (888) 203-8100</p>			

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